

Appendix IV: Water Well Reports

The Aquifer or portion thereof does not currently serve as a source of drinking water per 146.4(a)

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*Water Well Reports within Proposed Aquifer Exemption Area in: Sections
9, 10, 14, and 15*

Section 9 in 08N 04W well reports

Only water well in section 9 in the Proposed Aquifer Exemption Area is

WellID	PermitID	Owner
388857	818189	(b) (6)

The following water wells in section 9 are NOT in the Proposed Aquifer Exemption Area

WellID	PermitID	Owner
390342	819674	CHURCH OF JESUS CHRIST OF THE LATTER DAY SAINTS
290694	737631	(b) (6)
291011	737178	(b) (6)
429978	860648	(b) (6)

USE TYPEWRITER OR
BALL POINT PEN

WELL DRILLER'S REPORT

RECEIVED
MAY 7 1921
Department of Water Administration

[illegible]

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE, BLUE, AND PINK COPIES TO THE DEPARTMENT

Aquifer Exemption: Water Well Reports

Form 238-7
9/82

STATE OF IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

USE TYPEWRITER OR
BALLPOINT PEN

State law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

1. WELL OWNER Name <u>L.D.S. CHURCH - NEW PLYMOUTH</u> Address <u>NEW PLYMOUTH, IDAHO</u> <u>C/O Lou Wettstein</u> Owner's Permit No. _____	7. WATER LEVEL Static water level <u>15</u> feet below land surface. Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug Temperature <u>54</u> °F. Quality <u>good</u> <small>Describe artesian or temperature zones below.</small>																																																																
2. NATURE OF WORK <input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement <input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)	8. WELL TEST DATA <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Air <input type="checkbox"/> Other _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> <tr> <td style="text-align: center;">50</td> <td style="text-align: center;">60</td> <td style="text-align: center;">1½</td> </tr> <tr> <td style="text-align: center;">250</td> <td style="text-align: center;">42</td> <td style="text-align: center;">3</td> </tr> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped	50	60	1½	250	42	3																																																							
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50	60	1½																																																															
250	42	3																																																															
3. PROPOSED USE <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection <input type="checkbox"/> Other _____ (specify type)	9. LITHOLOGIC LOG 88084 <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Bore Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th colspan="2">Water</th> </tr> <tr> <th>From</th> <th>To</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>8</td><td>0</td><td>5</td><td>BROWN CLAY</td><td></td><td></td></tr> <tr><td>8</td><td>5</td><td>15</td><td>BROWN SILT</td><td></td><td></td></tr> <tr><td>8</td><td>15</td><td>18</td><td>BROWN SAND FINE</td><td></td><td>X</td></tr> <tr><td>8</td><td>18</td><td>25</td><td>BROWN SILT</td><td></td><td></td></tr> <tr><td>8</td><td>25</td><td>40</td><td>BROWN SAND FINE TO COARSE</td><td></td><td>X</td></tr> <tr><td>8</td><td>40</td><td>42</td><td>BROWN CLAY</td><td></td><td></td></tr> <tr><td>8</td><td>42</td><td>55</td><td>SAND AND GRAVEL</td><td></td><td>X</td></tr> <tr><td>6</td><td>55</td><td>62</td><td>BROWN CLAY</td><td></td><td></td></tr> <tr><td>6</td><td>62</td><td>65</td><td>BROWN SAND</td><td></td><td>X</td></tr> </tbody> </table>	Bore Diam.	Depth		Material	Water		From	To	Yes	No	8	0	5	BROWN CLAY			8	5	15	BROWN SILT			8	15	18	BROWN SAND FINE		X	8	18	25	BROWN SILT			8	25	40	BROWN SAND FINE TO COARSE		X	8	40	42	BROWN CLAY			8	42	55	SAND AND GRAVEL		X	6	55	62	BROWN CLAY			6	62	65	BROWN SAND		X
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4. METHOD DRILLED <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary <input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____	<div style="text-align: center; font-size: 2em; font-weight: bold; border: 1px solid black; padding: 5px; margin: 10px auto; width: 150px;"> RECEIVED MAY 22 1986 </div> <div style="text-align: center; margin-top: 10px;"> Department of Water Resources Western Regional Office </div>																																																																
5. WELL CONSTRUCTION Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>250 inches</td> <td>6 inches</td> <td>2 feet</td> <td>58 feet</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Perforated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input checked="" type="checkbox"/> Torch Size of perforation <u>1/8</u> inches by <u>4</u> inches <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>80 perforations</td> <td>50 feet</td> <td>56 feet</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Manufacturer's name _____ Type _____ Model No. _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>18'</u> Material used in seal: <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Puddling clay <input type="checkbox"/> _____ Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing <input checked="" type="checkbox"/> Overbore to seal depth <input type="checkbox"/> Solvent Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent <input type="checkbox"/> Cemented between strata Describe access port _____	Thickness	Diameter	From	To	250 inches	6 inches	2 feet	58 feet													Number	From	To	80 perforations	50 feet	56 feet							10. Work started <u>3/25/86</u> finished <u>3/25/86</u>																																
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6. LOCATION OF WELL Sketch map location <u>must</u> agree with written location. <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;"> <div style="text-align: center;">N</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">W</td><td style="text-align: center;">X</td><td style="text-align: center;">E</td></tr> <tr><td style="text-align: center;">S</td><td></td><td></td></tr> </table> </div> <div> Subdivision Name _____ Lot No. _____ Block No. _____ County <u>PAYETTE COUNTY</u> SW ¼ NW ¼ Sec. <u>9</u> T. <u>8N</u> N/S, R. <u>4W</u> E/W. </div> </div>	W	X	E	S			11. DRILLERS CERTIFICATION 88 I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>DALLAS DRILLING & PUMP CO., INC.</u> Firm No. <u>#445</u> Address <u>505 So. 18th St.</u> Date <u>3/27/86</u> <u>PAYETTE, IDAHO 83661</u> Signed by (Firm Official) <u>Johnny Z. Goff</u> and <u>Joe Rosh</u> (Operator) <u>Joe Rosh</u>																																																										
W	X	E																																																															
S																																																																	

USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT

Aquifer Exemption: Water Well Reports

Form 238-7
3/95

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT Use Typewriter or Ballpoint Pen

060996

Office Use Only			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat	:	:	Long
:	:	:	:

1. DRILLING PERMIT NO. 65-97-W-236-200
Other IDWR No. TAG # D-000-117

2. OWNER (b) (6)
Name (b) (6)
Address (b) (6)
City (b) (6)

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

W	N	E	S	Twp. <u>8</u>	North <input checked="" type="checkbox"/> or South <input type="checkbox"/>	Rge. <u>49</u>	East <input type="checkbox"/> or West <input checked="" type="checkbox"/>	Sec. <u>1/4</u>	NW 1/4 SE 1/4	Gov't Lot	County <u>Payette</u>	Lat	Long	Address of Well Site (b) (6)	City <u>Payette</u>	Lt. <u>(b) (6)</u>	Blk. <u>(b) (6)</u>	Sub. Name

4. USE: ☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other Department of Water Resources

5. TYPE OF WORK check all that apply (Replacement etc.)
☐ New Well ☐ Modify ☐ Abandonment ☒ Other

6. DRILL METHOD
☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT		METHOD
Material	From	To	Feet	Pounds	
Bentonite	0	40	400		overhaul

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 40
Was drive shoe seal tested? ☒ Y ☐ N How? Blue Clay

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	1	40	.125	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method PVC Screen
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
230	290	1/8x4	300	4.5	PVC	<input checked="" type="checkbox"/>	<input type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

16 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

11. WELL TESTS:

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailor	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal/min	Drawdown	Pumping Level	Time
4		310	1hr

Water Temp. 61° Bottom hole temp. _____
Water Quality test or comments: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
10	0	22	Brown Clay			
10	22	29	Sand & Gravel			
10	29	35	Blue Clay			
6	35	62	Blue Clay			
6	62	70	Blue Silty Clay			
6	70	75	Blue Clay			
6	75	76	Fractured			
6	76	87	Blue Clay			
6	87	88	Fractured			
6	88	195	Blue Clay			
6	195	196	Fractured			
6	196	213	Blue Clay			
6	213	214	Fractured			
6	214	249	Blue Clay			
6	249	250	Fractured			
6	250	310	Blue Clay			

Completed Depth 310 (Measurable)
Date: Started 7-23-97 Completed 7-24-97

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name Dallas Drilling Firm No. 445
Firm Official [Signature] Date 2-25-98
and _____
Supervisor or Operator _____ Date _____
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO: WATER RESOURCES

Form 258-7
7/94

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Use Typewriter
or
Ball Point Pen

091458

1. DRILLING PERMIT NO. 65-96-W-0207-000
Other IDWR No. _____

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
25 GPM	Drill Stand HT 22'		1 1/2 hrs

Water Temp. 61 Bottom hole temp. _____
Water Quality test or comments: _____

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N		Twp. <u>8</u>		North <input checked="" type="checkbox"/> or South <input type="checkbox"/>	
E		Rge. <u>4</u>		East <input type="checkbox"/> or West <input checked="" type="checkbox"/>	
S		Sec. <u>9</u>		1/4 <u>NE</u> 1/4 <u>SE</u> 1/4	
		Gov't Lot _____		County _____	

Address of Well Site (b) (6)
City Fruitland

(Give at least name of road + Distance to Road or Landmark)
Lt. _____ Blk. #24 Sub. Name _____

4. PROPOSED USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
Bentonite	0	20	700 LBS	Over Bore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) _____
Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+1 59	250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method mills knife
☐ Screens Screen Type _____

From To	Slot Size	Number	Diameter	Material	Casing	Liner
20 27	1/2"	12/14	6"	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

15 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: well cap

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0 12	Top Soil		X
10	12 16	Brown Clay		X
10	16 20	Sand & Gravel	X	
6	20 34	Sand & Gravel	X	
6	34 36	Brown Clay		X
6	36 74	Blue Clay		X
6	74 75	Sand Stone Hard	X	
6	75 117	Blue Clay		Y
6	117 118	Sand Stone Hard		Y
6	118 183	Blue Clay		X
6	183 184	Sand Stone	X	
6	184 220	Blue Clay	X	

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AUG 15 1996
Department of Water Resources

RECEIVED
AUG 22 1996
Department of Water Resources

RECEIVED
AUG 15 1996
OCT 9 1996
WATER RESOURCES
WESTERN REGION

Completed Depth 220 (Measurable)
Date Started 7/29/96 Completed 7/30/96

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name Riverside Inc Firm No. 333
Firm Official [Signature] Date 8-12-96
and
Supervisor or Operator Dave Chase Date 8/12/96
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

15

Form 238-7
6/07

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

860648

1. WELL TAG NO. D 0057920

Drilling Permit No. _____
Water right or injection well # _____

2. OWNER (b) (6)

3. WELL LOCATION:

Twp. 8 North ☒ or South ☐ Rge. 4 East ☐ or West ☒
Sec. 9 1/4 N/E 1/4 S/E 1/4

Gov't Lot _____ County Payette
Lat. 44 02.684 (Deg. and Decimal minutes)
Long. 116 49.019 (Deg. and Decimal minutes)
Address of Well Site (b) (6) City Payette

(Give at least name of road - Occasional Road or Unimproved)

Lot _____ Blk. _____ Sub. Name _____

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation ☐ Thermal ☐ Injection
☐ Other _____

5. TYPE OF WORK:

☒ New well ☒ Replacement well ☐ Modify existing well
☐ Abandonment ☐ Other _____

6. DRILL METHOD:

☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method/procedure
3/4 Teague	0	19	700LBS	overbore dry pour
3/4 teague	100	125	1050	pour from surface

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing Liner	Threaded	Welded
6"	+1.5	20	.250	steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6"	30	100	sdr17	PVC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) _____

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☒ N Method _____

Manufactured screen ☒ Y ☐ N Type 25 slot Johnson

Method of installation solid on casing string

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
20	30	25		6	stainless	.250

Length of Headpipe 22' Length of Tailpipe 70'

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
-----------------	-----------	---------	------------------------------------	------------------

11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____

Describe control device _____

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 23' Static water level (ft) 19'

Water temp. (°F) _____ Bottom hole temp. (°F) _____

Describe access port removable well cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Boiler	Air	Flowing or static
100'	16'	6hr	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Water quality test or comments: _____

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water	
				Y	N
12	0	2	topsoil		X
12	2	23	clay		X
10	23	29	gravel (drilled without caving)	X	
10	29	125	blue clay 1/2 GPM at 100'	X	
6	125	360	blue clay		X
			Drilled well to 360' expecting to do a 38' seal. However there was only 1/2 GPM and this was picked up at 100'. We tried to increase this flow by reaming the well. This did not help the flow so we decided to take the surface water from the gravel, unsure if there was more than just a few gallon per minute. Thus the reason for the long tailpipe. During the reaming the well bridged at 125' where we had quit drilling with the large bit. I poured bentonite on top of this bridge and around the PVC. I then used bentonite and pea gravel layers to fill to the surface.		
	125	100	21 bags bentonite		
	100	90	pea gravel		
	90	70	10 bags bentonite		
	70	50	pea gravel		
	50	32	8 bags bentonite		
	32	19	pea gravel		
	19	0	14 bags bentonite		

Completed Depth (Measurable): 100'

Date Started: Jan 26, 2011 Date Completed: Feb 7, 2011

14. DRILLER'S CERTIFICATION:

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name Nu Acre Drilling LLC Co. No. 701

*Principal Driller *[Signature]* Date Feb 28, 2011

*Driller _____ Date _____

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

RECEIVED

MAR 02 2011

WATER RESOURCES
WESTERN REGION

Section 10 in 08N 04W well reports

water wells in section 10 in the Proposed Aquifer Exemption Area are

WellID	PermitID	Owner
377306	806473	(b) (6)
402757	832164	(b) (6)
440252	874364	GLOBAL CATHODIC PROTECTION
293534	734337	(b) (6)
293535	734338	(b) (6)

069420

**WELL LOG AND REPORT TO THE
STATE RECLAMATION ENGINEER OF IDAHO**

Log No. _____
Rec. _____, 19____
Well No. _____
Permit No. _____

(DO NOT FILL IN)

Owner (b) (6) Driller Willard L. Heene
Address Payette Address Stan R. Payette Lic. No. 10
Location of Well NE 1/4 NW 1/4 Sec. 10, T. 8 N. N. 1/2, R. 4 W. 1/2 W Payette County.
and 440 feet N/S, and 220 feet E/W from N.W. corner of NE 1/4 NW 1/4 Sec. 10
Water will be used for Stock Total depth of well 37 ft
Size of drilled hole 6 in Weight of casing per linear foot 29 lbs
Thickness of casing 3/8 in Casing material Steel
Diameter, length and location of casing 37 ft 6 in cased from top to bottom
(Casing 12" in diameter and under give inside diameter; casing over 12" in diameter give outside diameter.)
Number and size of perforations _____ located _____ feet to _____ feet
from surface of ground.
Other perforations: _____
If flowing well, give flow in c.f.s. _____ or g.p.m. _____ and shut in pressure _____
If non-flowing well, give depth of standing water from surface 19 ft
If flowing well, describe control works _____
On pumping test delivery was 8 g.p.m. or _____ c.f.s. Drawdown was 4 feet
Length of time pumped during check was 1 hr. _____ min. Water temp. 54 ° Fahrenheit.
Date of commencement of well Nov. 8 Date of completion of well Nov. 10
Type of well rig Homemade Spudder

CASING RECORD

Diam. Casing	From Feet	To Feet	Length	Remarks — Seals, Grouting, Etc.

GENERAL INFORMATION — Pumping Test, Quality of Water, Etc.

NE NW 5 10 8 N 4 W

WELL LOG

WELL DRILLERS STATEMENT

Signed Willard L. Keene

By _____

License No. 10

Subscribed and sworn before me this _____ day of _____, 19____.

Notary Public

Residing at

REVISED
FOUND
JOURNAL

65 Form 238-7
6/07

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 0068835

Drilling Permit No. 968307-874364
Water right or injection well #

2. OWNER:

Name Global Cathodic Protection Inc.
Address PO. Box 5189
City Houston State TX Zip 77262

3. WELL LOCATION:

Twp. 8 North ☒ or South ☐ Rge. 4 East ☐ or West ☒
Sec. 10 1/4 NE 1/4 NW 1/4

Gov't Lot County Payette
Lat. 44 3.0662 (Deg. and Decimal minutes)
Long. -116 48.1992 (Deg. and Decimal minutes)
Address of Well Site off Little Willow Road
City Payette

(Give at least name of road + distance to road or landmark)
Lot Blk. Sub. Name

4. USE:

☐ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation ☐ Thermal ☐ Injection
☒ Other Cathodic Protection Well

5. TYPE OF WORK:

☒ New well ☐ Replacement well ☐ Modify existing well
☐ Abandonment ☐ Other

6. DRILL METHOD:

☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method/procedure
Bentonite # 5	0	38'	1500 lbs	Overbore pour

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6"	+2'	38'	40	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8"	-38'	200'	.322	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 200 feet

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☒ N Method

Manufactured screen ☐ Y ☒ N Type

Method of installation

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule

Length of Headpipe Length of Tailpipe

Packer ☒ Y ☐ N Type Shell Trap

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method

11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG)

Describe control device

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) none Static water level (ft) none

Water temp. (°F) na Bottom hole temp. (°F) na

Describe access port

Well test:			Test method:			
Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
na	na	na	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Water quality test or comments: no water

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water	
				Y	N
10"	0	5'	Top soil		X
10"	5'	25'	Brown clay		X
10"	25'	38'	Gravel		X
8"	38'	65'	Blue clay		X
8"	65'	120'	Blue shale		X
8"	120'	200'	Blue clay		X

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WATER RESOURCES
WESTERN REGION

Completed Depth (Measurable) NA 200 feet

Date Started: Feb 4, 2015 Date Completed: Feb 6, 2015

14. DRILLER'S CERTIFICATION:

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name Hiddleston Drilling Co. No. 35

*Principal Driller Date Feb 10, 2015

*Driller Alex Pitzier Date Feb 10, 2015

*Operator II Date Feb 10, 2015

Operator I Date Feb 10, 2015

* Signature of Principal Driller and rig operator are required.

Aquifer Exemption: Water Well Reports

Form 238-
9/82

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

USE TYPEWRITER OR
BALLPOINT PEN

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

<p>1. WELL OWNER</p> <p>Name: (b) (6)</p> <p>Address: (b) (6)</p> <p>Owner's Permit No. 62-87-4-060</p>	<p>7. WATER LEVEL</p> <p>Static water level 15 feet below land surface.</p> <p>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____</p> <p>Artesian closed-in pressure _____ p.s.i.</p> <p>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug</p> <p>Temperature 58 °F. Quality good</p> <p><small>Describe artesian or temperature zones below.</small></p>																																																														
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AUG 10 1989
Department of Water Resources

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AUG 17 1989
Department of Water Resources
Western Regional Office

AUG 21 1989

Aquifer Exemption: Water Well Reports

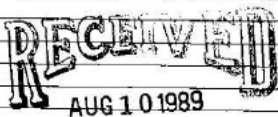
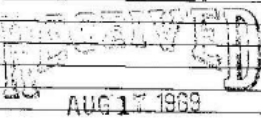
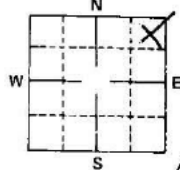
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STATE OF IDAHO
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USE TYPEWRITER OR
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WELL DRILLER'S REPORT

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<p>6. LOCATION OF WELL</p> <p>Sketch map location must agree with written location.</p> <div style="text-align: center;">  </div> <p>Subdivision Name _____</p> <p>Lot No. _____ Block No. _____</p> <p>County Payette</p> <p>NE 1/4 Sec. 10 T. 8N N/S, R. 4W E/W.</p>	<p>12. DEPARTMENT OF WATER RESOURCES</p> <p>AUG 21 1989</p> <p style="text-align: center;">DO NOT DESTROY - RETURN TO THE WHITE COPY TO THE DEPARTMENT</p>																																																														

Aquifer Exemption: Water Well Reports

Well #199

REPORT OF WELL DRILLER State of Idaho

RECEIVED
JUN 14 1966

Department of Reclamation

State law requires that this report shall be filed with the State Reclamation Engineer within 30 days after completion or abandonment of the well.

WELL OWNER:

Name Payette Farms

Address Payette, Idaho

Owner's Permit No. none

NATURE OF WORK (check): Replacement well ☐

New well ☒ Deepened ☐ Abandoned ☐

Water is to be used for: irrigation

METHOD OF CONSTRUCTION: Rotary ☒ Cable ☐
Dug ☐ Other ☐ (explain)

CASING SCHEDULE: Threaded ☐ Welded ☒

12-3/4" Diam. from 0 ft. to 71 ft.

"Diam. from ft. to ft.

"Diam. from ft. to ft.

"Diam. from ft. to ft.

Thickness of casing: .188 Material:

Steel ☒ concrete ☐ wood ☐ other ☐

(explain)

PERFORATED? Yes ☒ No ☐ Type of perforator used: machine & torch

Size of perforations: 1/8 " by 2-3/8 "

1320 perforations from 35 ft. to 71 ft.

perforations from ft. to ft.

perforations from ft. to ft.

perforations from ft. to ft.

WAS SCREEN INSTALLED? Yes ☐ No ☒

Manufacturer's name

Type Model No.

Diam. Slot size Set from ft. to ft.

Diam. Slot size Set from ft. to ft.

CONSTRUCTION: Well gravel packed? Yes ☒

No. ☐ size of gravel 3/8 Gravel

placed from 54 ft. from bottom. Surface seal

provided? Yes ☐ No ☐ To what depth?

 ft. Material used in seal:

Did any strata contain unusable water? Yes ☐

No. ☒ Type of water:

Depth of strata 17 ft. Method of sealing

strata off: 3 ft cement seal; 6' Bentonite grouting

Surface casing used? Yes ☐ No ☐

Cemented in place? Yes ☐ No ☐

Locate well in section

LOCATION OF WELL: County Payette

NE ☐ NW ☐ Sec. 10 T. 8 N ☐ R. 14 E ☐ W

Use other side for additional remarks

Size of drilled hole: 20" Total

depth of well: 71 ft Standing water

level below ground: 17' Temp.

Fahr. Test delivery: gpm

or cfs Pump? ☐ Bail ☐

Size of pump and motor used to make test:

Length of time of test: Hrs. Min.

Drawdown: ft. Artesian pressure: ft.

above land surface Give flow cfs

or gpm. Shutoff pressure:

Controlled by: Valve ☐ Cap ☐ Plug ☐

No control ☐ Does well leak around casing?

Yes ☐ No ☐

DEPTH

MATERIAL 43708 WATER

FROM TO YES OR NO

FEET FEET

0 6 Soil - dark no

6 12 Sand - fine: brown & yellow no

12 17 Clay - Grey no

17 26 Gravel yes

26 32 Clay - grey

32 46 Clay - grey

46 54 Shale - Blue grey

54 72 Clay - grey

72 78 Shale - blue grey

78 110 Clay - Blue grey

Work started: March 30, 1966

Work finished: April 8, 1966

Well Driller's Statement: This well was drilled under my supervision and this report is true to the best of my knowledge.

Name: B & M Well Drilling Co., Inc.

Address: Caldwell, Idaho

Signed by: [Signature]

License No. 227 Date: 5/31/66

used

Section 14 in 08N 04W well reports

Only water well in section 14 in the Proposed Aquifer Exemption Area is

WellID	PermitID	Owner
292833	735167	(b) (6)

USE TYPEWRITER OR
BALLPOINT PEN

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

<p>1. WELL</p> <p>Name (b) (6)</p> <p>Address (b) (6)</p> <p>Drilling Permit No. <u>45-92-40-063</u></p> <p>Water Right Permit No. _____</p>	<p>7. WATER LEVEL</p> <p>Static water level <u>7.2'</u> feet below land surface.</p> <p>Flowing? <input type="checkbox"/> Yes <input type="checkbox"/> No G.P.M. flow _____</p> <p>Artesian closed-in pressure _____ p.s.i.</p> <p>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input checked="" type="checkbox"/> Plug</p> <p>Temperature <u>58</u> °F. Quality <u>Good</u></p> <p><small>Describe artesian or temperature zones below.</small></p>																																														
<p>2. NATURE OF WORK</p> <p><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Well diameter increase</p> <p><input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)</p>	<p>8. WELL TEST DATA</p> <p><input type="checkbox"/> Pump <input checked="" type="checkbox"/> Bailor <input type="checkbox"/> Air <input type="checkbox"/> Other _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> <tr> <td><u>100 F</u></td> <td><u>34'</u></td> <td><u>1 hr</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped	<u>100 F</u>	<u>34'</u>	<u>1 hr</u>																																								
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<p>3. PROPOSED USE</p> <p><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal</p> <p><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection</p> <p><input type="checkbox"/> Other _____ (specify type)</p>	<p>9. LITHOLOGIC LOG <u>082396</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Bore Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th colspan="2">Water</th> </tr> <tr> <th>From</th> <th>To</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td><u>10</u></td> <td><u>0</u></td> <td><u>2</u></td> <td><u>Top Soil</u></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><u>10</u></td> <td><u>2</u></td> <td><u>14</u></td> <td><u>Clay Dark Brown</u></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><u>10</u></td> <td><u>14</u></td> <td><u>18</u></td> <td><u>Gravel Cemented</u></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><u>6</u></td> <td><u>18</u></td> <td><u>25</u></td> <td><u>Gravel Coarse Red</u></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><u>6</u></td> <td><u>25</u></td> <td><u>34</u></td> <td><u>Gravel (w/ sand)</u></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><u>6</u></td> <td><u>34</u></td> <td><u>38</u></td> <td><u>Clay Blue</u></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Bore Diam.	Depth		Material	Water		From	To	Yes	No	<u>10</u>	<u>0</u>	<u>2</u>	<u>Top Soil</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>10</u>	<u>2</u>	<u>14</u>	<u>Clay Dark Brown</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>10</u>	<u>14</u>	<u>18</u>	<u>Gravel Cemented</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>6</u>	<u>18</u>	<u>25</u>	<u>Gravel Coarse Red</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>6</u>	<u>25</u>	<u>34</u>	<u>Gravel (w/ sand)</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>6</u>	<u>34</u>	<u>38</u>	<u>Clay Blue</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<p>4. METHOD DRILLED</p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary</p> <p><input checked="" type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____</p>	<p>10. DEPARTMENT OF WATER RESOURCES</p> <p>RECEIVED</p> <p>APR 29 1992</p> <p>RECEIVED</p> <p>OCT 21 1992</p> <p>DEC 04 1992</p> <p>Department of Water Resources</p> <p>10. Work started <u>4-27-92</u> finished <u>4-27-92</u></p>																																														
<p>5. WELL CONSTRUCTION</p> <p>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>.250</u> inches</td> <td><u>6</u> inches</td> <td><u>146</u> feet</td> <td><u>38</u> feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </tbody> </table> <p>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was a packer or seal used? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Perforated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input checked="" type="checkbox"/> Torch <input type="checkbox"/> Gun</p> <p>Size of perforation <u>1/4</u> inches by <u>4</u> inches</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>18</u> perforations</td> <td><u>34</u> feet</td> <td><u>36</u> feet</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </tbody> </table> <p>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Manufacturer's name _____</p> <p>Type _____ Model No. _____</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____</p> <p>Placed from _____ feet to _____ feet</p> <p>Surface seal depth <u>18</u> Material used in seal: <input type="checkbox"/> Cement grout</p> <p><input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Puddling clay <input type="checkbox"/> _____</p> <p>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing</p> <p><input checked="" type="checkbox"/> Overbore to seal depth</p> <p>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent</p> <p><input type="checkbox"/> Cemented between strata</p> <p>Describe access port <u>Same Seal</u></p>	Thickness	Diameter	From	To	<u>.250</u> inches	<u>6</u> inches	<u>146</u> feet	<u>38</u> feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	Number	From	To	<u>18</u> perforations	<u>34</u> feet	<u>36</u> feet	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	<p>11. DRILLERS CERTIFICATION</p> <p>I/We certify that all minimum well construction standards were complied with at the time the rig was removed.</p> <p>Firm Name <u>P.O. DeWitt</u> Firm No. <u>#489</u></p> <p>Address <u>P.O. DeWitt</u> Date <u>4-27-92</u></p> <p>Signed by (Firm Official) <u>Tom DeWitt</u></p> <p>and</p> <p>(Operator) <u>Tom DeWitt</u></p>														
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<p>6. LOCATION OF WELL</p> <p>Sketch map location <u>must</u> agree with written location.</p> <div style="text-align: center;"> </div> <p>Subdivision Name _____</p> <p>Lot No. _____ Block No. _____</p> <p>County <u>Payette</u></p> <p>SW 1/4 NW 1/4 Sec. <u>14</u> T. <u>8</u> N. <u>8</u> S. <u>4</u> E. <u>4</u> W. <u>4</u></p>	<p>12. NOTES</p> <p>_____</p> <p>_____</p> <p>_____</p>																																														

Section 15 in 08N 04W well reports

Only water well in section 15 in the Proposed Aquifer Exemption Area is

WellID	PermitID	Owner
290864	737035	(b) (6) (log not available on line *Spoke with land owner: well does not exist)

(b) (6) **No report found: Information from the Idaho Department of Water Resources**

Aquifer Exemption: Water Well Reports

Excellence in water management

IDAHO Department of Water Resources

Water Rights Wells Streams/Dams/Floods Forms Water Data Maps/Spatial Data Legal Actions Water Resource Board

Home Wells Research Well Construction Search

Well Construction & Drilling

Overview Driller Licensing Geothermal Wells Injection Wells Min. Well Seal Depth Areas of Drilling Concern Forms

Resources Research Maps Find a Well Contacts

DOCUMENT SEARCH RESULTS

To view the well log, click the link in the Document Name column.

No Result Found.

new search

Spoke with land owner 9/5/19 and he says that there is no water well in that location. Well does not exist.

Well

Well Docs [More info](#)

Well ID 290864

Metal Tag #

Permit ID 737035

Owner (b) (6)

Well Address

Well Use

Production Rate 0.00

Casing Diameter

Static Water Level 0.00

Casing Depth

Total Depth

Construction Date

[Zoom to](#)

Total Depth

Construction Date

Basin Number 65

County Name PAYETTE

Township 08N

Range 04W

Section 15

Quarter NW

QQQ

QQ SE

GovLotNum

Lot 004

Block 001

Subdivision

Location Source QQ

[Zoom to](#)

Quarter NW

QQQ

QQ SE

GovLotNum

Lot 004

Block 001

Subdivision

Location Source QQ

Current Status

App Type

Diversion Name

Latitude

Longitude

SpatialDataID 14697

[Zoom to](#)

Water Well Reports from the surrounding within a surrounding 24 Square mile radius of the Proposed Aquifer Exemption Area in: Township 08N, Range 04W Sections 3, 4, 5, 8, 17, 20, 21, 23, 24, And Township 08N, Range 03W Sections 18 and 19

Section 3 in 08N 04W well reports

WellID	PermitID	Owner
377199	806364	(b) (6)
390171	819503	
290564	737503	
346482	774643	
289347	738618	
293017	735348	

069424

Well Log Form 1
3M-3/63

Location Corrected by IDWR To:
T08N R04W Sec. 3 SESWNE
By: segbert 2012-04-20

WELL LOG AND REPORT TO THE
STATE RECLAMATION ENGINEER OF IDAHO Department of Reclamation

SUBMIT WITHIN 30 DAYS AFTER COMPLETION OF WELL: SEE IDAHO STATUTES 42-238

Permit No. _____ Well No. 1h1 County Fayette

Owner (b) (6)

Address _____

Driller B. & M. EQUIPMENT CO., INC.

Address P.O. BOX 973, CALDWELL, IDAHO

Well location SE 1/4 NE 1/4 Sec. 3, T. 8 N/R. 4 W

Size of drilled hole 12-1/4"

Total depth of well 183'

Give depth to standing water from the ground 80' Water temp. _____ °Fahr.

Test delivery was _____ g.p.m. or _____ c.f.s. Drawdown was _____ feet. Pump? _____ Bail? _____

Size of pump and motor used to make test _____

Length of time of test _____ hours _____ minutes.

If flowing well, give flow _____ c.f.s. or _____ g.p.m. and of shut off pressure _____

If flowing well, described control works _____
(TYPE AND SIZE OF VALVE, ETC.)

Water will be used for Domestic Weight of casing per lineal foot 7.3 lb

Thickness of casing 10 ga Casing material Steel
(STEEL, CONCRETE, WOOD, ETC.)

Diameter, length and location of casing 5" O.D. x 169' from ground surface
(CASING 12" IN DIAMETER OR LESS, GIVE INSIDE DIAMETER;
CASING OVER 12" IN DIAMETER, GIVE OUTSIDE DIAMETER)

CASING RECORD

Diam. Casing	From Feet	To Feet	Length	Remarks—seals, grouting, etc.
5" OD	0	169	169	Gravel packed 183'. Cement grout seal at 40' from ground surface. Casing perforated from 129' to 169'

Number and size of perforations 1/8" x 6" located 129' feet to 169' feet from ground

Date of commencement of well Nov. 14, 1964 Date of completion of well Nov. 18, 1964

SENE S.3 8N4W

..mlj

Aquifer Exemption: Water Well Reports

Form 238-7
7/94

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

Use Typewriter
or
Ball Point Pen

60102

1. DRILLING PERMIT NO. 65-97-W-0092-200
Other IDWR No. _____

2. O(b)(6)

Name _____
Address _____
City _____

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N		Twp. <u>4</u>		North <input type="checkbox"/> or South <input type="checkbox"/>	
E		Rge. <u>4</u>		East <input type="checkbox"/> or West <input type="checkbox"/>	
S		Sec. <u>3</u>		SE 1/4 SE 1/4 SW 1/4 SE 1/4	
W		Gov't Lot _____		County <u>Payette</u>	

Address of Well Site Same
City Payette

(Give at least name of road + Distance to Road or Landmark)

Lt. _____ Bld. _____ Sub. Name _____

4. PROPOSED USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK

☐ New Well ☐ Modify or Repair ☒ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☐ Air Rotary ☒ Cable ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT		METHOD
Material	From	To	Feet	Grains	
Benatolite	0	30	9		Open bore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 139

Was drive shoe seal tested? Y ☒ N ☐ How? Hydraulic head over 120

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	1 1/2	139	250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

89 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 161 ft. Describe access port or control devices: well cap

11. WELL TESTS:

☒ Pump ☐ Baller ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
20	3	92	4 +

Water Temp. 60° Bottom hole temp. 60°

Water Quality test or comments: OK, some odor

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	6	Silt brown large gravel		
1	6	14	Silt brown		
1	14	30	Silty clay stick brown		
6	30	30	"		
	30	31	clay brown Rubbery		
	31	46	Silty clay brown		
	46	152	clay stone blue		
	152	161	Silt stone blue hard		
	161	185	Sand stone black/white	X	

Old well had cased
to 53 ft
Abandon with
benatolite 17 sacks

RECEIVED

MAY 29 1997

RECEIVED

MAY 28 1997

Department of Water Resources

WATER RESOURCES
WESTERN REGION

Completed Depth 185 (Measurable)
Date: Started 5-7-97 Completed 5-12-97

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

HAINES WATER WELL DRILLING

Firm Name 4127 GOOD LANE Firm No. 491

NEW PLYMOUTH, ID 83655

Firm Official Malcolm Haines Date 5-26-97

and _____

Supervisor or Operator _____ Date _____

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

USE TYPEWRITER OR
BALL POINT PEN

State of Idaho
Department of Water Resources

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

<p>1. WELL OWNER</p> <p>Name <u>(b) (6)</u></p> <p>Address <u>(b) (6)</u></p> <p>Owner <u>(b) (6)</u></p>	<p>7. WATER LEVEL</p> <p>Static water level <u>91</u> feet below land surface</p> <p>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____</p> <p>Temperature <u>54</u> ° F. Quality _____</p> <p>Artesian closed-in pressure _____ p.s.i.</p> <p>Controlled by <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug</p>																																																																
<p>2. NATURE OF WORK</p> <p><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Abandoned (describe method of abandoning) _____</p>	<p>8. WELL TEST DATA</p> <p><input type="checkbox"/> Pump <input checked="" type="checkbox"/> Bailor <input type="checkbox"/> Other</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Discharge G.P.M.</th> <th>Draw Down</th> <th>Hours Pumped</th> </tr> <tr> <td><u>30 G.P.M.</u></td> <td><u>69 FEET</u></td> <td><u>1 HOUR</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Discharge G.P.M.	Draw Down	Hours Pumped	<u>30 G.P.M.</u>	<u>69 FEET</u>	<u>1 HOUR</u>																																																										
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<p>3. PROPOSED USE</p> <p><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Other (specify type) _____</p> <p><input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection</p>	<p>9. LITHOLOGIC LOG</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Hole Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th colspan="2">Water</th> </tr> <tr> <th>From</th> <th>To</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>6</td> <td>0</td> <td>20</td> <td>Sandy Brown Clay</td> <td></td> <td>x</td> </tr> <tr> <td></td> <td>20</td> <td>44</td> <td>Sticky Brown Clay</td> <td></td> <td>x</td> </tr> <tr> <td></td> <td>44</td> <td>63</td> <td>Sticky Blue Clay</td> <td></td> <td>x</td> </tr> <tr> <td></td> <td>63</td> <td>125</td> <td>Soft Blue Clay</td> <td></td> <td>x</td> </tr> <tr> <td></td> <td>125</td> <td>126</td> <td>Broken Brown Claystone</td> <td></td> <td>x</td> </tr> <tr> <td></td> <td>126</td> <td>137</td> <td>Soft Blue Clay</td> <td></td> <td>x</td> </tr> <tr> <td></td> <td>137</td> <td>140</td> <td>Broken Brown Claystone</td> <td></td> <td>x</td> </tr> <tr> <td></td> <td>140</td> <td>158</td> <td>Sticky Blue Clay</td> <td></td> <td>x</td> </tr> <tr> <td></td> <td>158</td> <td>185</td> <td>Black Sandstone</td> <td>x</td> <td></td> </tr> </tbody> </table>	Hole Diam.	Depth		Material	Water		From	To	Yes	No	6	0	20	Sandy Brown Clay		x		20	44	Sticky Brown Clay		x		44	63	Sticky Blue Clay		x		63	125	Soft Blue Clay		x		125	126	Broken Brown Claystone		x		126	137	Soft Blue Clay		x		137	140	Broken Brown Claystone		x		140	158	Sticky Blue Clay		x		158	185	Black Sandstone	x	
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<p>6. LOCATION OF WELL</p> <p>Sketch map location must agree with written location.</p> <div style="border: 1px solid black; padding: 5px; width: 100px; height: 100px; position: relative;"> <p style="position: absolute; top: 0; left: 0;">N</p> <p style="position: absolute; top: 50%; left: 0;">E</p> <p style="position: absolute; top: 100%; left: 0;">S</p> <p style="position: absolute; top: 0; right: 0;">W</p> </div> <p>Subdivision Name _____</p> <p>Lot No. _____ Block No. _____</p> <p>County <u>PAYETTE</u></p> <p><u>SE 1/4 SE 1/4 Sec. 3, T. 8 N/S, R. 4 E/W</u></p>	<p>10. WORK STARTED</p> <p>Work started <u>7/08/80</u> finished <u>7/08/80</u></p> <p>11. DRILLERS CERTIFICATION</p> <p>Firm Name <u>PAGE BROTHERS DRILLING</u> Firm No. <u>225</u></p> <p>Address <u>RT 2 BOX 371-Vale, OR</u> Date <u>7/14/80</u></p> <p>Signed by (Firm Official) <u>Pat Page</u></p> <p>and <u>Pat Page</u></p> <p>(Operator)</p>																																																																

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE COPY TO THE DEPARTMENT

Aquifer Exemption: Water Well Reports

Form 238-7
11/97

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

758618

Office Use Only			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat	Long		

1. WELL TAG NO. D 0012334
DRILLING PERMIT NO. _____
Other IDWR No. _____

2. OW(b) (6)

Name _____
Address _____
City _____

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N					
			X		

Twp. 8 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 3 NE ☒ NE ☒ 1/4 1/4 1/4
Gov't Lot _____ County Payette
Lat. _____ Long. _____
(b) (6) Address of Well Site (b) (6) City Payette
Distance to Road or Landmark _____
Lt. _____ Bldg. _____ Sub. Name _____

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK check all that apply (Replacement etc.)

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

6. DRILL METHOD

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK	AMOUNT	METHOD
Material	From To Sacks or Pounds	
<u>Bentonite</u>	<u>1</u> <u>20</u> <u>500</u>	<u>Pour</u>

Was drive shoe used? ☐ Y ☐ N Shoe Depth(s) _____
Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>8"</u>	<u>+2</u>	<u>195</u>	<u>250</u>	<u>Steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations _____ Method _____
Screens _____ Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

84 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Pumping Level	Time
<u>60</u>			<u>1 hour</u>

Water Temp. 68° Bottom hole temp. _____
Water Quality test or comments: Iron .5 PH 8.0
Grains 6 Depth first Water Encounter 149'

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>12"</u>	<u>0</u>	<u>8</u>	<u>Sandy clay & top soil</u>		
	<u>8</u>	<u>15</u>	<u>tan clay</u>		
	<u>15</u>	<u>20</u>	<u>Sandy clay</u>		
	<u>20</u>	<u>22</u>	<u>sandy clay</u>		
	<u>22</u>	<u>23</u>	<u>sand</u>		
	<u>23</u>	<u>32</u>	<u>Sandy clay</u>		
	<u>32</u>	<u>47</u>	<u>clay</u>		
	<u>47</u>	<u>59</u>	<u>gravel</u>		
	<u>59</u>	<u>72</u>	<u>clay</u>		
	<u>72</u>	<u>101</u>	<u>Blue clay</u>		
	<u>101</u>	<u>103</u>	<u>Blue sand</u>		
	<u>103</u>	<u>114</u>	<u>Blue clay</u>		
	<u>114</u>	<u>119</u>	<u>Blue sand</u>		
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	<u>134</u>	<u>137</u>	<u>Blue sand</u>		
	<u>137</u>	<u>149</u>	<u>Blue clay</u>		
	<u>149</u>	<u>210</u>	<u>Shale clay & sand streaks</u>		<input checked="" type="checkbox"/>

RECEIVED

MAR 7 2000

Department of Water Resources

RECEIVED

DEC 03 2000

WATER RESOURCES
WESTERN REGION

Completed _____ Depth 210' (Measurable)
Date: Started 11-30-99 Completed 12-10-99

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name Adams Pump & Drill Co. 0457
Firm Official Dave Adams Date 12-14-99
and WDB Date 12-14-99
Driller or Operator (Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

Form 238-7
492

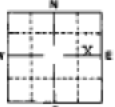
RECEIVED
MAR 2 1993

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

USE TYPEWRITER OR
BALLPOINT PEN
FEB 22 1993

Department of Water Resources requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

1. WELL OWNER Name: (b) (6) Address: (b) (6) Drilling Permit No. 65-92-W-237 Water Right Permit No.		7. WATER LEVEL Static water level 78 feet below land surface. Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug Temperature 67 °F. Quality _____ Describe artesian or temperature zones below:																																																																																																																	
2. NATURE OF WORK <input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement <input type="checkbox"/> Well diameter increase <input type="checkbox"/> Modification <input type="checkbox"/> Abandoned (describe abandonment or modification procedures such as liners, screen, materials, plug depths, etc. in lithologic log, section 9.)		8. WELL TEST DATA <input type="checkbox"/> Pump <input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Air <input type="checkbox"/> Other _____ <table border="1"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr> <td>100+</td> <td>240</td> <td>4</td> </tr> </tbody> </table>		Discharge G.P.M.	Pumping Level	Hours Pumped	100+	240	4																																																																																																										
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6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision Name _____ Lot No. _____ Block No. _____ County Payette Address of Well Site Same as Above (give at least name of road) SE 1/4 NE 1/4 Sec 3, R. 4, N. 8 or S. 8 E or W 1/2		11. DRILLER'S CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. DALE'S DRILLING & PUMP CO., INC. 505 SOUTH 18TH STREET PAYETTE, IDAHO 83651 Firm No. 445 Address _____ Date _____ Signed by Drilling Supervisor [Signature] and [Signature] (Operator) [Signature] (if different than the Drilling Supervisor)																																																																																																																	

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT

Section 4 in 08N 04W well reports

WellID	PermitID	Owner
374907	804020	NEW PLYMOUTH ASSEMBLY OF GOD
292325	735439	(b) (6)

Aquifer Exemption: Water Well Reports

Form 298-7
11/97

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

864020

Office Use Only			
Inspected by _____			
Twp _____	Rge _____	Sec _____	
1/4 _____		1/4 _____	
Lat: _____	Long: _____		

1. WELL TAG NO. D 0029277
 DRILLING PERMIT NO. _____
 Other IDWR No. _____

2. OWNER:
 Name New Plymouth Assembly of God
 Address P.O. Box 107
 City New Plymouth State 20 Zip 83665

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N		E		S		W	
Twp. <u>8</u>		North <input checked="" type="checkbox"/> or South <input type="checkbox"/>		Rge. <u>4</u>		East <input type="checkbox"/> or West <input checked="" type="checkbox"/>	
Sec. <u>4</u>		NW 1/4		SW 1/4		SE 1/4	
Gov't Lot _____		County <u>Payette</u>		City <u>New Plymouth</u>			
Lat: _____		Long: _____					

Address of Well Site 150 yds East of Adams Rd. off Hwy 30, South side
 City New Plymouth
 (Give at least name of road & distance to road or landmark)

Lt. _____ Blk. _____ Sub. Name _____

4. USE:

☐ Domestic ☒ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK check all that apply (Replacement, etc.)

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

6. DRILL METHOD

☐ Air Rotary ☒ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK	AMOUNT	METHOD
Material	From To Pounds	
<u>benatnight</u>	<u>0</u> <u>16</u>	<u>15</u> <u>Tampcasing</u>

Was drive shoe used? ☒ N Shoe Depth(s) 36 1/2
 Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>1 1/2</u>	<u>36 1/2</u>	<u>250</u>	<u>Steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>5</u>	<u>28 1/2</u>	<u>37 1/2</u>	<u>188</u>	<u>Steel</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>5</u>	<u>42 1/2</u>	<u>43 1/2</u>	<u>148</u>	<u>Steel</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 9 ft Length of Tailpipe 1 ft

9. PERFORATIONS/SCREENS

Perforations _____ Method _____
 Screens _____ Screen Type V-wire

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>37 1/2</u>	<u>42 1/2</u>	<u>.20</u>	<u>V-wire</u>	<u>5</u>	<u>S.S.</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

5 ft. below ground Artesian pressure 1 lb.
 Depth flow encountered 38 ft. Describe access port or control devices: Well cap

11. WELL TESTS:

<input checked="" type="checkbox"/> Pump	<input type="checkbox"/> Bailor	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal/min. <u>30</u>	Drawdown <u>31</u>	Pumping Level <u>36 1/2</u>	Time <u>4 hr</u>

Water Temp. 54° Bottom hole temp. 54°

Water Quality test or comments: OK

Depth first Water Encounter 38

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bores Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>10</u>	<u>0</u>	<u>1</u>	<u>Soil</u>		
<u>9</u>	<u>1</u>	<u>18</u>	<u>Sandy clay</u>		
<u>36</u>	<u>36</u>	<u>38</u>	<u>Silty clay</u>		
<u>38</u>	<u>38</u>	<u>43</u>	<u>Sand some gravel brown</u>	<input checked="" type="checkbox"/>	
<u>43</u>	<u>43</u>	<u>43</u>	<u>Sand white & gravel</u>	<input checked="" type="checkbox"/>	
			<u>Sand Rust brown</u>		

RECEIVED

JUL 22 2003

WATER RESOURCES
WESTERN PL.

Completed Depth 43 (Measurable)

Date: Started 6-18-03 Completed 6-25-03

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name Wainos Water Well Firm No. 491

Firm Official [Signature] Date 7-21-03

and Driller or Operator _____ Date _____

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

Aquifer Exemption: Water Well Reports

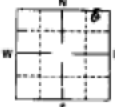
Form 238-7
4/92

RECEIVED
MAR 2 1993

STATE OF IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

RECEIVED
FEB 3 1993
USE TYPEWRITER OR
BALLPOINT PEN

1. WELL OWNER Name: (b) (6) Address: (b) (6) Drilling Permit No. 65-92-w-344 Water Right Permit No.		7. WATER LEVEL Static water level 8.2 feet below ground surface Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Artesian closed-in pressure p.s.i. Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug Temperature 58 °F. Quality Good Describe artesian or temperature zones below:																																			
2. NATURE OF WORK <input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement <input type="checkbox"/> Well diameter increase <input type="checkbox"/> Modification <input type="checkbox"/> Abandoned (describe abandonment or modification procedures such as liners, screen, materials, plug depths, etc. in lithologic log, section 9.)		8. WELL TEST DATA <input type="checkbox"/> Pump <input type="checkbox"/> Bailor <input checked="" type="checkbox"/> Air <input type="checkbox"/> Other <table border="1"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr> <td>22 gpm</td> <td>18'</td> <td>1 hrs</td> </tr> </tbody> </table>		Discharge G.P.M.	Pumping Level	Hours Pumped	22 gpm	18'	1 hrs																												
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3. PROPOSED USE <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Monitor <input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection <input type="checkbox"/> Other (specify type)		9. LITHOLOGIC LOG 104882 <table border="1"> <thead> <tr> <th rowspan="2">Bore Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th colspan="2">Water</th> </tr> <tr> <th>From</th> <th>To</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>10</td> <td>0</td> <td>2</td> <td>Topsoil</td> <td></td> <td></td> </tr> <tr> <td>10</td> <td>2</td> <td>18</td> <td>Clay</td> <td></td> <td></td> </tr> <tr> <td>10</td> <td>18</td> <td>19</td> <td>Clay</td> <td></td> <td></td> </tr> <tr> <td>10</td> <td>19</td> <td>25</td> <td>Gravel</td> <td></td> <td></td> </tr> </tbody> </table>		Bore Diam.	Depth		Material	Water		From	To	Yes	No	10	0	2	Topsoil			10	2	18	Clay			10	18	19	Clay			10	19	25	Gravel		
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10	18	19	Clay																																		
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4. METHOD DRILLED <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Air <input type="checkbox"/> Auger <input type="checkbox"/> Reverse rotary <input type="checkbox"/> Cable <input type="checkbox"/> Mud <input type="checkbox"/> Other (backhoe, hydraulic, etc.)																																					
5. WELL CONSTRUCTION Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other Thickness 1.250 inches Diameter 6 inches From 0 feet To 22 feet Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch <input type="checkbox"/> Gun Size of perforation? inches by inches Number From To perforations feet feet perforations feet feet perforations feet feet Well screen installed? <input type="checkbox"/> Yes <input type="checkbox"/> No Manufacturer Type Top Packer or Headpipe Bottom of Tailpipe Diameter Slot size Set from feet to feet Diameter Slot size Set from feet to feet Gravel packed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Size of gravel Placed from feet to feet Surface seal depth 18 Material used in seal: <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Pudding clay Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing <input type="checkbox"/> Overbore to seal depth Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent Weld <input type="checkbox"/> Cemented between strata Describe access point Sani Seal																																					
6. LOCATION OF WELL Sketch map location must agree with written location:  Subdivision Name AUG 9 1993 Lot No. Block No. County Ada Address of Well Site (b) (6) (Give at least name or road) NE 1/4 NE 1/4 Sec. 4 T. 4 N. 1/2 or S. 1/2 E. 1/4 or W. 1/4		10. Work started 11-23-92 finished 11-23-92																																			
11. DRILLER'S CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name R. Schenck Address 1000 1/2 Date 11-23-92 Signed by Drilling Supervisor [Signature] and [Signature] (Operator) (If different than the Drilling Supervisor)																																					

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT

Section 5 in 08N 04W well reports

WellID	PermitID	Owner
392812	822154	(b) (6)

USE TYPEWRITER OR
BALL POINT PEN

State of Idaho
Department of Water Administration

RECEIVED

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Administration within 30 days after the completion or abandonment of the well.

<p>1. WELL OWNER</p> <p>Name <u>(b) (6)</u></p> <p>Address <u>(b) (6)</u></p> <p>Owner's Permit No. <u>Well No 1</u></p>	<p>7. WATER LEVEL Department of Water Administration</p> <p>Static water level <u>12</u> feet below land surface</p> <p>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____</p> <p>Temperature _____ ° F. Quality _____</p> <p>Artesian closed-in pressure _____ p.s.i.</p> <p>Controlled by <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug</p>																																				
<p>2. NATURE OF WORK</p> <p><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Abandoned (describe method of abandoning)</p>	<p>8. WELL TEST DATA</p> <p><input type="checkbox"/> Pump <input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Other</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Discharge G.P.M.</th> <th>Draw Down</th> <th>Hours Pumped</th> </tr> <tr> <td style="text-align: center;">40</td> <td style="text-align: center;">4</td> <td style="text-align: center;">1</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	Discharge G.P.M.	Draw Down	Hours Pumped	40	4	1																														
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<p>3. PROPOSED USE</p> <p><input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Test</p> <p><input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Stock</p>	<p>9. LITHOLOGIC LOG 43702</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th rowspan="2">Hole Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th colspan="2">Water</th> </tr> <tr> <th>From</th> <th>To</th> <th>Yes</th> <th>No</th> </tr> <tr> <td>6"</td> <td>0</td> <td>20</td> <td>Surface soil</td> <td> </td> <td> </td> </tr> <tr> <td>11"</td> <td>20</td> <td>35</td> <td>Fine sand</td> <td> </td> <td> </td> </tr> <tr> <td>11"</td> <td>35</td> <td>37</td> <td>Coarse sand & gravel</td> <td> </td> <td> </td> </tr> </table>	Hole Diam.	Depth		Material	Water		From	To	Yes	No	6"	0	20	Surface soil			11"	20	35	Fine sand			11"	35	37	Coarse sand & gravel										
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<p>4. METHOD DRILLED</p> <p><input checked="" type="checkbox"/> Cable <input type="checkbox"/> Rotary <input type="checkbox"/> Dug <input type="checkbox"/> Other</p>	<p>5. WELL CONSTRUCTION</p> <p>Diameter of hole <u>6</u> inches Total depth <u>37</u> feet</p> <p>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> <tr> <td><u>1/4</u> inches</td> <td><u>6</u> inches</td> <td><u>1</u> feet</td> <td><u>37</u> feet</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> <p>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch</p> <p>Size of perforation _____ inches by _____ inches</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Manufacturer's name _____</p> <p>Type _____ Model No. _____</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size of gravel _____</p> <p>Placed from _____ feet to _____ feet</p> <p>Surface seal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No To what depth <u>18</u> feet</p> <p>Material used in seal <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Puddling clay</p>	Thickness	Diameter	From	To	<u>1/4</u> inches	<u>6</u> inches	<u>1</u> feet	<u>37</u> feet																	Number	From	To									
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<p>6. LOCATION OF WELL</p> <p>Sketch map location must agree with written location.</p> <div style="text-align: center;"> </div> <p>County <u>Payette</u></p> <p><u>SW</u> 1/4 <u>SW</u> 1/4 Sec. <u>5</u> T. <u>8</u> N. R. <u>4</u> W.</p>	<p>10. Work started <u>April 3, 1973</u> finished <u>April 4, 1973</u></p> <p>11. DRILLER'S CERTIFICATION</p> <p>This well was drilled under my supervision and this report is true to the best of my knowledge.</p> <p><u>Nicholson Well Drilling</u> 54</p> <p>Driller's or Firm's Name _____ Number _____</p> <p>Address <u>921 6th Ave. S. Payette, Idaho</u></p> <p>Signed By <u>Richard L. ...</u> Date <u>April 29, 1973</u></p>																																				

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE, BLUE, AND PINK COPIES TO THE DEPARTMENT

Section 8 in 08N 04W well reports

WellID	PermitID	Owner
391103	820438	(b) (6)

Form 238-7
9/82

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

USE TYPEWRITER OR
BALLPOINT PEN

State law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

<p>1. WELL OWNER</p> <p>Name: (b) (6)</p> <p>Address: (b) (6)</p> <p>Owner's Permit No. _____</p>	<p>7. WATER LEVEL</p> <p>Static water level <u>35</u> feet below land surface.</p> <p>Flowing? <input type="checkbox"/> Yes <input type="checkbox"/> No G.P.M. flow _____</p> <p>Artesian closed-in pressure _____ p.s.i.</p> <p>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug</p> <p>Temperature <u>56</u> °F. Quality <u>good</u></p> <p><small>Describe artesian or temperature notes below.</small></p>																																														
<p>2. NATURE OF WORK</p> <p><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)</p>	<p>8. WELL TEST DATA</p> <p><input type="checkbox"/> Pump <input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Air <input type="checkbox"/> Other _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> <tr> <td style="text-align: center;">7</td> <td style="text-align: center;">130</td> <td style="text-align: center;">3</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped	7	130	3																																								
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6	227	228	broken hard clay		X																																										
<p>4. METHOD DRILLED</p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary</p> <p><input checked="" type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____</p>	<p>10.</p> <p>Work started <u>6-18-86</u> finished <u>6-19-86</u></p>																																														
<p>5. WELL CONSTRUCTION</p> <p>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>1/20 inches</td> <td>6 inches</td> <td>1 feet</td> <td>20 feet</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch</p> <p>Size of perforation _____ inches by _____ inches</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Manufacturer's name _____</p> <p>Type _____ Model No. _____</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Gravel packed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Size of gravel _____</p> <p>Placed from _____ feet to _____ feet</p> <p>Surface seal depth <u>18</u> Material used in seal: <input type="checkbox"/> Cement grout</p> <p><input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Puddling clay <input type="checkbox"/> _____</p> <p>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing</p> <p><input checked="" type="checkbox"/> Overbore to seal depth</p> <p>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent</p> <p>Weld _____</p> <p><input type="checkbox"/> Cemented between strata</p> <p>Describe access port <u>Sand Seal</u></p>	Thickness	Diameter	From	To	1/20 inches	6 inches	1 feet	20 feet													Number	From	To										<p>11. DRILLERS CERTIFICATION</p> <p>I/We certify that all minimum well construction standards were complied with at the time the rig was removed.</p> <p>Firm Name <u>Frank Shelly</u> Firm No. <u>326</u></p> <p>Address <u>Rt 1 box 93</u> Date <u>7-5-86</u></p> <p>Signed by (Firm Official) <u>Frank Shelly</u></p> <p>and _____</p> <p>(Operator) <u>_____</u></p>														
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Section 12 in 08N 04W well reports

WellID	PermitID	Owner
371959	801045	PAYETTE FARMS CO

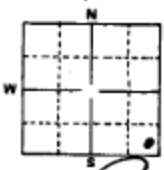
USE TYPEWRITER OR
BALL POINT PEN

State of Idaho
Department of Water Resources

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

JUN 2 1977

1. WELL OWNER Name <u>Payette Farms Inc.</u> Address <u>Payette</u> Owner's Permit No. _____		7. WATER LEVEL Department of Water Resources Static water level <u>0</u> feet below <u>land surface</u> Flowing? <input type="checkbox"/> Yes <input type="checkbox"/> No G.P.M. flow _____ Temperature _____ ° F. Quality _____ Artesian closed-in pressure _____ p.s.i. Controlled by <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug																																																					
2. NATURE OF WORK <input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement <input type="checkbox"/> Abandoned (describe method of abandoning) _____		8. WELL TEST DATA <input type="checkbox"/> Pump <input type="checkbox"/> Bailer <input type="checkbox"/> Other <table border="1"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Draw Down</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr> <td colspan="3"><u>None</u></td> </tr> </tbody> </table>		Discharge G.P.M.	Draw Down	Hours Pumped	<u>None</u>																																																
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6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision Name _____ Lot No. _____ Block No. _____ County <u>Payette</u> <u>SE 1/4 Sec. 12, T. 8, R. 4, E. 10</u>		10. Work started <u>5-8-77</u> finished <u>5-19-77</u>																																																					
11. DRILLERS CERTIFICATION Firm Name <u>Dallas Drilling</u> Firm No. <u>224</u> Address <u>Payette</u> Date <u>5-26-77</u> Signed by (Firm Official) <u>Dallas G. Giff</u> and (Operator) <u>Dallas G. Giff</u> <u>in Union</u>																																																							

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE COPY TO THE DEPARTMENT

Section 17 in 08N 04W well reports

WellID	PermitID	Owner
402781	832189	(b) (6)
377308	806475	(b) (6)
294180	734200	(b) (6) (No log available on line)
294251	734271	HIGBY RANCH
371958	801044	(b) (6)

069421

**WELL LOG AND REPORT TO THE
STATE RECLAMATION ENGINEER OF IDAHO**

Log No. **RECEIVED**
Rec. **DEC 19 1953**
Well No. _____
Department of Reclamation
Permit No. _____

(DO NOT FILL IN)

Owner (b) (6) Driller John A. Driscoll
Address _____ Address New Plymouth Lic. No. 4A
Location of Well: S.W. 1/4 Sec. 17, T. 8 N. R. 4 E. W. Payette County.
and _____ feet N/S, and _____ feet E/W from _____ corner of _____ 1/4 Sec.
Water will be used for DOMESTIC Total depth of well 284
Size of drilled hole 4 in Weight of casing per linear foot 10 lb
Thickness of casing _____ Casing material Steel
(S. pipe, concrete, wood.)
Diameter, length and location of casing 4 in 98 ft casing from surface to 98 ft
(Casing 12" in diameter and under give inside diameter; casing over 12" in diameter give outside diameter.)
Number and size of perforations none located _____ feet to _____ feet
from surface of ground.
Other perforations: _____
If flowing well, give flow in c.f.s. _____ or g.p.m. _____ and shut in pressure _____
If non-flowing well, give depth of standing water from surface surface
If flowing well, describe control works _____
(Type and size of valve, etc.)
On pumping test delivery was 10 g.p.m. or _____ c.f.s. Drawdown was 20 ft feet
Length of time pumped during check was 10 hr. _____ min. Water temp. 61 ° Fahrenheit.
Date of commencement of well Nov 2 Date of completion of well 16 Feb
Type of well rig Home made

CASING RECORD

Diam. Casing	From Foot	To Foot	Length	Remarks — Scale, Grouting, Etc.
11	Surface	98	98	

GENERAL INFORMATION — Pumping Test, Quality of Water, Etc.

SWNW S.17 8N4W

069423

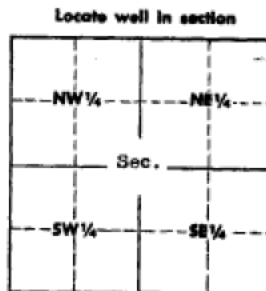
Well Log Form 1
34-3/63

RECEIVED
APR 8 1966

WELL LOG AND REPORT TO THE DEPARTMENT OF RECLAMATION
STATE RECLAMATION ENGINEER OF IDAHO

SUBMIT WITHIN 30 DAYS AFTER COMPLETION OF WELL: SEE IDAHO STATUTES 42-238

Permit No. _____ Well No. _____ County Payette
Owner (b) (6)
Address _____
Driller W.E. Nicholson
Address Payette
Well location NE 1/4 NE 1/4 Sec. 17, T. 8 N 1/4 R. 4 E/W
Size of drilled hole 6"
Total depth of well 200'



Give depth to standing water from the ground 15' Water temp. _____ °Fahr.
Test delivery was 5 g.p.m. or _____ c.f.s. Drawdown was 100 feet. Pump? _____ Bail? X
Size of pump and motor used to make test. _____
Length of time of test 2 hours _____ minutes.
If flowing well, give flow _____ c.f.s. or _____ g.p.m. and of shut off pressure _____
If flowing well, described control works _____
(TYPE AND SIZE OF VALVE, ETC.)
Water will be used for Domestic Weight of casing per lineal foot 17 lb.
Thickness of casing 250 Casing material Steel
(STEEL, CONCRETE, WOOD, ETC.)
Diameter, length and location of casing _____
(CASING 12" IN DIAMETER OR LESS, GIVE INSIDE DIAMETER;
CASING OVER 12" IN DIAMETER, GIVE OUTSIDE DIAMETER)

CASING RECORD

Diam. Casing	From Feet	To Feet	Length	Remarks—seals, grouting, etc.
6"	0	36		

Number and size of perforations none located _____ feet to _____ feet from ground

Date of commencement of well Oct 18-65 Date of completion of well Oct 18-65

NE NE S. 17 8 N 4 W

W.S.S.

Aquifer Exemption: Water Well Reports

Form 23B-7
9/82

STATE OF IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

USE TYPEWRITER OR
BALLPOINT PEN
OCT 24 1988

<p>1. WELL OWNER</p> <p>Name <u>HIGBY RANCH</u> (b) (6)</p> <p>Address <u>FORT WILSON DRIVE</u></p> <p>Owner's Permit No. <u>Payette Ida</u></p>	<p>7. WATER LEVEL Department of Water Resources</p> <p>Static water level <u>95</u> feet below land surface.</p> <p>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____</p> <p>Artesian closed-in pressure _____ p.s.i.</p> <p>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug</p> <p>Temperature <u>68</u> °F. Quality _____</p> <p><small>Describe artesian or temperature zones below.</small></p>																																																																																																																																																				
<p>2. NATURE OF WORK <u>65-7462</u> <u>65-89-2-02</u></p> <p><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)</p>	<p>8. WELL TEST DATA</p> <p><input checked="" type="checkbox"/> Pump <input type="checkbox"/> Bailor <input type="checkbox"/> Air <input type="checkbox"/> Other _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> <tr> <td><u>40</u></td> <td><u>130</u></td> <td><u>48 hours</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped	<u>40</u>	<u>130</u>	<u>48 hours</u>																																																																																																																																														
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USE TYPEWRITER OR
BALL POINT PEN

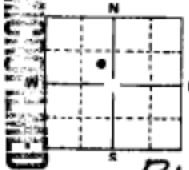
State of Idaho
Department of Water Resources

RECEIVED

JUN 8 1976

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources, within 30 days after the completion or abandonment of the well.

1. WELL OWNER Name: (b) (6) Address: Payette, Idaho Owner's Permit No:		7. WATER LEVEL Static water level: 95 feet below land surface Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow: _____ Temperature: 65° F. Quality: Good Artesian closed-in pressure: _____ p.s.i. Controlled by <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug																																																					
2. NATURE OF WORK <input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement <input type="checkbox"/> Abandoned (describe method of abandoning)		8. WELL TEST DATA <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Bailer <input type="checkbox"/> Other <table border="1"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Draw Down</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr> <td>30</td> <td>30</td> <td>3</td> </tr> </tbody> </table>		Discharge G.P.M.	Draw Down	Hours Pumped	30	30	3																																														
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5. WELL CONSTRUCTION Diameter of hole: 6 inches Total depth: 122 feet Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <table border="1"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>1/4"</td> <td>6"</td> <td>1</td> <td>110</td> </tr> </tbody> </table> Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch Size of perforation: _____ inches by _____ inches Number _____ From _____ To _____ _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Manufacturer's name _____ Type _____ Model No. _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth: 20 Material used in seal <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Puddling clay <input type="checkbox"/> Well cuttings Sealing procedure used <input type="checkbox"/> Sherry pit <input type="checkbox"/> Temporary surface casing <input checked="" type="checkbox"/> Overbore to seal depth		Thickness	Diameter	From	To	1/4"	6"	1	110																																														
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6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision Name _____ Lot No. _____ Block No. _____ County: Payette SE 1/4 NW 1/4 Sec. 17, T. 8 N., R. 4 E/W		10. Work started: 5-8-76 finished: 5-11-76 11. DRILLERS CERTIFICATION Firm Name: HOLLOWAY DRILLING Co. Firm No. 53 Address: Centuria, Ore. Date: 6-7-76 Signed by (Firm Official): [Signature] and Operator: Jim Gilmore																																																					

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE COPY TO THE DEPARTMENT

Section 20 in 08N 04W well reports

WellID	PermitID	Owner
346481	774642	(b) (6)
432593	863475	

Form 238-7
1/78

USE TYPEWRITER OR
BALLPOINT PEN

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

[illegible]

USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT

Section 21 in 08N 04W well reports

WellID	PermitID	Owner
377522	806697	(b) (6)

Aquifer Exemption: Water Well Reports

Form 238-7
6/02

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

Office Use Only		
Well ID No.	806697	
Inspected by		
Twsp	Rge	Sec
1/4	1/4	1/4
Lat:	Long:	

1. WELL TAG NO. D D0030435
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER (b) (6)
Name _____
Address _____
City _____

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk. Sub. or Directions to well.

Twp. 8 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 21 SW 1/4 NW 1/4 1/4
Gov't Lot _____
County PRYETIE
Lat: _____ Long: _____
Address of Well Site SAME
City _____

(Give street name of road - Distance to Road or Landmark)

Lt. _____ Blk. _____ Sub. Name _____

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK check all that apply (Replacement etc.)
☐ New Well ☐ Modify ☐ Abandonment ☒ Other 4" WELL

6. DRILL METHOD:

☒ Air Rotary ☒ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
BENTONITE	0	18	400 lbs.	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 97'
Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8" + 1/4	97'	102	250	STEEL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4 1/2"	7	102	80	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 95' Length of Tailpipe N/A
Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____
Screen Type & Method of Installation PVC SLOTTED SCREEN

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
102	162	.020	80	4 1/2"	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
8/12 SAND	34	162	3500 lbs.	8" OVERBORE

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

5 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

12. WELL TESTS:

☒ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
100 + 45 (pumped)	10'	AIR ROTARY 15'	1 hr. 72 hrs.

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
12"	0	2	TBP SOIL			<input checked="" type="checkbox"/>
	2	8	SANDY CLAY			<input checked="" type="checkbox"/>
	8	20	GRAVEL		<input checked="" type="checkbox"/>	
8"	20	57	BLUE CLAY			<input checked="" type="checkbox"/>
	57	62	BEN. SAND		<input checked="" type="checkbox"/>	
	62	132	BLUE CLAY			<input checked="" type="checkbox"/>
	132	162	BLUE CLAY w/ SAND STRKS.		<input checked="" type="checkbox"/>	

RECEIVED

SEP 10 2003

WATER RESOURCES
WESTERN REGION

Completed Depth 162' (Measurable)

Date: Started 8/3/03 Completed 9/5/03

14. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name DEWIS PHIPPS WELL DRILLING INC. Firm No. 332

Principal Driller Mark Phipps Date 9/8/03

and Driller or Operator II _____ Date _____

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES

Section 23 in 08N 04W well reports

WellID	PermitID	Owner
292774	735110	(b) (6)

Form 238-7
8/90

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Page 1 of 2

USE TYPEWRITER OR
BALLPOINT PEN

MAR 02 1992

State law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

Department of Water Resources
Western Regional Office

<p>1. WELL OWNER</p> <p>Name: <u>(b) (6)</u></p> <p>Address: _____</p> <p>Drilling Permit No. <u>1543-0005</u></p> <p>Water Right Permit No. _____</p>	<p>7. WATER LEVEL</p> <p>Static water level <u>11</u> feet below land surface.</p> <p>Flowing? <input type="checkbox"/> Yes <input type="checkbox"/> No G.P.M. flow _____</p> <p>Artesian closed-in pressure _____ p.s.i.</p> <p>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug</p> <p>Temperature <u>58</u> °F. Quality <u>Good</u></p> <p><small>Describe artesian or temperature zones below.</small></p>																																																										
<p>2. NATURE OF WORK</p> <p><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Well diameter increase</p> <p><input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)</p>	<p>8. WELL TEST DATA</p> <p><input type="checkbox"/> Pump <input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Air <input type="checkbox"/> Other _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> <tr> <td><u>407</u></td> <td><u>40'</u></td> <td><u>1 hr</u></td> </tr> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped	<u>407</u>	<u>40'</u>	<u>1 hr</u>																																																				
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USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT

Form 2307
8/90

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

USE TYPEWRITER OR
BALLPOINT PEN

MAY 29 1996

<p>1. WELL OWNER</p> <p>Name: <u>(b) (6)</u></p> <p>Address: <u>(b) (6)</u></p> <p>Drilling Permit No. <u>LS-42-10000-000</u></p> <p>Water Right Permit No. _____</p>	<p>7. WATER LEVEL</p> <p>Static water level <u>11</u> feet below land surface.</p> <p>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____</p> <p>Artesian closed-in pressure _____ p.s.i.</p> <p>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug</p> <p>Temperature <u>58</u> °F. Quality <u>Good</u></p> <p><small>Describe artesian or temperature zones below:</small></p>																																																										
<p>2. NATURE OF WORK</p> <p><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Well diameter increase</p> <p><input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)</p>	<p>8. WELL TEST DATA</p> <p><input type="checkbox"/> Pump <input checked="" type="checkbox"/> Baller <input type="checkbox"/> Air <input type="checkbox"/> Other _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> <tr> <td><u>407</u></td> <td><u>40'</u></td> <td><u>1 hr</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped	<u>407</u>	<u>40'</u>	<u>1 hr</u>																																																				
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USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT

Section 24 in 08N 04W well reports

WellID	PermitID	Owner
444582	878927	(b) (6)
371957	801043	
392955	822297	
371956	801042	

Form 238-7
6/07

65

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D0071828

Drilling Permit No. 972870-878927

Water right or injection well #

2. OWNER:

(b) (6)

N

A

C

3. WELL LOCATION:

Twp. 8 North ☒ or South ☐ Rge. 4 East ☐ or West ☒
Sec. 24 1/4 SE 1/4 NW 1/4

Gov't Lot County Payette

Lat. 44 01.118'N (Deg. and Decimal minutes)

Long. 116 45.887'W (Deg. and Decimal minutes)

Address of Well Site Same

City Payette

(Give at least name of road or distance to road or landmark)

Lot. Blk. Sub. Name

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation ☐ Thermal ☐ Injection

☐ Other

5. TYPE OF WORK:

☐ New well ☐ Replacement well ☒ Modify existing well

☐ Abandonment ☐ Other

6. DRILL METHOD:

☐ Air Rotary ☐ Mud Rotary ☒ Cable ☐ Other

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft)	Placement method/procedure
N/A				

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing Liner	Threaded	Welded
8"	1	381	.250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6"	357	403	.250	Steel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6"	413	415	.250	Steel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 381'

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☒ N Method

Manufactured screen ☒ Y ☐ N Type Johnson

Method of installation Bailed In

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
403	413	.020	10'	6"	Stainless	304

Length of Headpipe Length of Tailpipe 2'

Packer ☒ Y ☐ N Type Rubber K-Packer

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft)	Placement method
N/A				

11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG)

Describe control device

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) Static water level (ft) 330'

Water temp. (°F) Cold Bottom hole temp. (°F)

Describe access port 6" Turtle Cap

Well test:	Test method:
Drawdown (feet)	Pump
Discharge or yield (gpm)	Bailer
Test duration (minutes)	Air
345'	29 GPM
24 HRS.	Flowing artesian

Water quality test or comments:

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water
				Y N
8"	397	415	Coarse Sand w/ Clay	X

RECEIVED

MAY 26 2016

WATER RESOURCES
WESTERN REGION

Completed Depth (Measurable): 415'

Date Started: May 13, 2016 Date Completed: May 17, 2016

14. DRILLER'S CERTIFICATION:

We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name Dennis Phipps Well Drilling Inc. Co. No. 332

*Principal Driller Date May 17, 2016

*Driller Date May 17, 2016

*Operator II Date

Operator I Date

* Signature of Principal Driller and rig operator are required.

USE TYPEWRITER OR
BALL POINT PEN

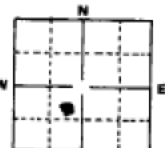
State of Idaho
Department of Water Resources

RECEIVED

NOV 7 1977

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources, within 30 days after the completion or abandonment of the well.

1. WELL OWNER Name: (b) (6) Address: Payette Idaho Owner's Permit No.		7. WATER LEVEL Static water level 330 feet below land surface Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow Temperature 66° F. Quality Good Artesian closed-in pressure p.s.i. Controlled by <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug																																																											
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USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE COPY TO THE DEPARTMENT

USE TYPEWRITER
BALL POINT PEN

WELL DRILLER'S REPORT

[illegible]

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE, BLUE, AND PINK COPIES TO THE DEPARTMENT

Section 18 in 08N 03W well reports

WellID	PermitID	Owner
292830	735164	(b) (6)

Form 238-7
8/90

STATE OF IDAHO
RECEIVED DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

USE TYPEWRITER OR
BALLPOINT PEN

NOV 19 1992
This law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

<p>1. WELL OWNER</p> <p>Name: <u>(b) (6)</u></p> <p>Address: <u>(b) (6)</u></p> <p>Drilling Permit No. <u>65-92-W-060-000</u></p> <p>Water Right Permit No. _____</p>	<p>7. WATER LEVEL</p> <p>Static water level <u>3 1/2</u> feet below land surface.</p> <p>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____</p> <p>Artesian closed-in pressure _____ p.s.i.</p> <p>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug</p> <p>Temperature <u>60</u> °F. Quality <u>Poor</u></p> <p><small>Describe artesian or temperature zones below.</small></p>																																																																											
<p>2. NATURE OF WORK</p> <p><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Well diameter increase</p> <p><input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)</p>	<p>8. WELL TEST DATA</p> <p><input checked="" type="checkbox"/> Pump <input checked="" type="checkbox"/> Bailor <input type="checkbox"/> Air <input type="checkbox"/> Other _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> <tr> <td><u>Less than 125</u></td> <td><u>bottom</u></td> <td><u>4 days</u></td> </tr> <tr> <td><u>5 gpm</u></td> <td><u>2.5</u></td> <td><u>4</u></td> </tr> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped	<u>Less than 125</u>	<u>bottom</u>	<u>4 days</u>	<u>5 gpm</u>	<u>2.5</u>	<u>4</u>																																																																		
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USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT

Section 19 in 08N 03W well reports

WellID	PermitID	Owner
402799	832208	(b) (6)
402761	832168	

069427

**WELL LOG AND REPORT TO THE
STATE RECLAMATION ENGINEER OF IDAHO**

RECEIVED
Log No. _____
Rec. **AUG 7 1954**
Well No. _____
Department of Reclamation
Permit No. **G-25161**

(b) (6)

(DO NOT FILL IN)

Owner _____ Driller **Burt C. Crowther**
Address _____ Address **Box 331 Payette, Idaho** No. **9**
Location of Well: **N W 1/4 Sec. 19, T. 8 N, R. 3 W** **Payette** County.
and _____ feet N/S, and _____ feet E/W from _____ corner of _____ 1/4 Sec.
Water will be used for **Horse and Irrigation** Total depth of well **was 136**
Size of drilled hole **6 inch** Weight of casing per linear foot **19 lbs**
Thickness of casing **1/4** Casing material **Steel**
Diameter, length and location of casing **Inside D. 6 1/8**
(Casing 12" in diameter and under give inside diameter; casing over 12" in diameter give outside diameter.)
Number and size of perforations _____ located _____ feet to _____ feet
from surface of ground.
Other perforations: _____
If flowing well, give flow in c.f.s. _____ or g.p.m. _____ and shut in pressure _____
If non-flowing well, give depth of standing water from surface **46'**
If flowing well, describe control works _____ (Type and size of valve, etc.)
On pumping test delivery was _____ g.p.m. or _____ c.f.s. Drawdown was **approximately none** feet
Length of time pumped during check was _____ hr. _____ min. Water temp. _____ ° Fahrenheit.
Date of commencement of well **July 6 1954** Date of completion of well **July 9**
Type of well rig **Ducyrua Erie 22 W Spudder**

CASING RECORD

Diam. Casing	From Feet	To Feet	Length	Remarks — Seals, Grouting, Etc.
6"			46'	Impossible to give location of well in feet without a surveyor

069426

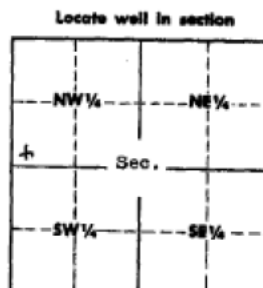
Well Log Form 1
SM-3/63

JUN 30 1965

WELL LOG AND REPORT TO THE Department of Reclamation
STATE RECLAMATION ENGINEER OF IDAHO

SUBMIT WITHIN 30 DAYS AFTER COMPLETION OF WELL: SEE IDAHO STATUTES 42-238

Permit No. (b) (6) Well No. _____ County Payette
Owner _____
Address _____
Driller H.C. Nicholson
Address Payette
Well location SW 1/4 NW 1/4 Sec. 19, T. 8 N. R. 3 W. W
Size of drilled hole 6"
Total depth of well 198



Give depth to standing water from the ground 125 Water temp. _____ °Fahr.
Test delivery was 10 g.p.m. or _____ c.f.s. Drawdown was 0 feet. Pump? _____ Bail? X
Size of pump and motor used to make test _____
Length of time of test 2 hours _____ minutes.
If flowing well, give flow _____ c.f.s. or _____ g.p.m. and of shut off pressure _____
If flowing well, described control works _____ (TYPE AND SIZE OF VALVE, ETC.)
Water will be used for Stock well Weight of casing per lineal foot 17 lb
Thickness of casing 250 Casing material Steel (STEEL, CONCRETE, WOOD, ETC.)
Diameter, length and location of casing _____ (CASING 12" IN DIAMETER OR LESS, GIVE INSIDE DIAMETER; CASING OVER 12" IN DIAMETER, GIVE OUTSIDE DIAMETER)

CASING RECORD

Diam. Casing	From Feet	To Feet	Length	Remarks—seals, grouting, etc.
6"	0	198		

Number and size of perforations None located _____ feet to _____ feet from ground

Date of commencement of well 2-24-65 Date of completion of well 4-7-65

SWNW 5.19 8N 3W add.

65